

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -8 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097253

1. Corporation Name

Mystyx, Inc.

2. Principal Office Address

2740 Stickney Point 9490 S.W. 148 ST.

Suite, Apt. #, etc.

Rd.

City & State

SARASOTA, FL.

Zip

34231

Country

USA

3. Mailing Office Address

9490 S.W. 148 ST.

Suite, Apt. #, etc.

Miami

City & State

Miami FL

Zip

33176

Country

USA

REINSTATEMENT

05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/04

5. FEI Number

20-1307134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID SHORT

Street Address (P.O. Box Number is Not Acceptable)

9490 S.W. 148 ST.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

1/04/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID SHORT	9490 S.W. 148 ST.	MIAMI, FL. 33176

300086169389

01/25/07-01005-000 **450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/04/07

Daytime Phone #

(786) 316-1001

Mystyx, Inc.

1/04/07

2092

Mystyx, Inc. is applying for reinstatement, I DAVID SHORT President of Mystyx was informed of the dissolution from my accountant on 1/4/07. I haven't received any ~~2005~~ annual report notices in the last three years.

